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**FROM:**  
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**DATE:**  
February 9, 2005

**FAX NO.:**  
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**TOTAL NO. OF PAGES:** (including cover sheet)  
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**YOUR REFERENCE NO.:**  
Application Serial No.: 10/795,812

**OUR REFERENCE (C/M) NO.:**  
Atty Docket No.: 006087.00015

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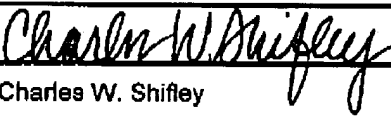
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/795,812
		Filing Date	3-08-2004
		First Named Inventor	Wayne J. Breda
		Art Unit	3662
		Examiner Name	TBD
Total Number of Pages in This Submission		Attorney Docket Number	006087.00015

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address Certificate of Facsimile Transmission
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Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Charles W. Shifley		
Date	February 9, 2005	Reg. No.	28,042

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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT and CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/795,812
Filing Date	3-08-2004
First Named Inventor	Wayne J. Breda
Art Unit	3662
Examiner Name	TBD
Attorney Docket Number	006087.00015

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registrations numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **22908**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

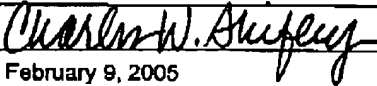
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Pursuant to 37 C.F.R. § 10.40(c)(i)(vi) - client failure to pay one or more bills rendered by the practitioner for an unreasonable period of time

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Wayne J. Breda MD				
Address	5 Tuttle Avenue				
Address					
City	Clarendon Hills	State	IL	ZIP	60514-1153
Country	USA				
Telephone	(630) 531-3331	Fax	(630) 834-3332		
Name	Charles W. Shifley				
Signature			Registration No.	28,042	
Date	February 9, 2005		Telephone No.	312-463-5000	

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